ARIZONA STATE BOARD OF HEALTH State File No			
PLACE OF BIRTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH Registered No. 4792			
ounty Gila State Ungona			
tistrict or Township			
ity No. Miami - Inspiration Cookit St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make			
Fair haire of Cities			
to be anawered Order		0. Legitimater	7. Date Ou 23 1929 of birth Day Year
PATHER		14	MOTHER
ull name John Kresoa		Full maiden name Lelen Sakellarspoulou	
Residence (Usual place of abode) Mianii , Anjom		15. Residence (Usual place of abode) Miann Anyone	
If non-resident, give place and state.		If non-resident, give p	lace and state.
2. Color or race	İ	16. Color or race	
White 11. Age at last birthday 48 (Years)		White	17. Age at last birthday 22 (Years)
2. Birthplace (city or place).	*************************	18. Birthplace (city or place)	
(State or country) Treece		(State or country)	Trece
3. Occupation Proprietor V.	nouie	19. Occupation	Horsemite
Nature of industry Theatre Nature of industry			
0. Number of children of this mother (a) Born alive and now living 21. Were precautions taken against opti-			
	(b) Born alive b	ut now dead	thaimia neonatorum?
Taken as of time of birth of child herein ertified and including this child.) (b) Born alive but now dead (c) Stillborn.			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* hereby certify that I attended the birth of this child, who was. (Born slive or stillborn.) (Born slive or stillborn.)			
* When there was no attending physician	-, (Born alive or stillborn:)	Tr. In mini les
or midwife, then the father, householder, etc., should make this return. A stillborn	nature		A. A
child is one that neither breathes nor shows other evidence of life after birth.			(Physician or-midwife).
liven name added from	Address	miami 1	
supplemental report Month, day, year Address Qa L. 32 Y			
Registrar Filed 19 / C O Registrar			
422-1023-825			
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